

William F. Dwyer  
STATE TREASURER



THE STATE OF NEW HAMPSHIRE  
STATE TREASURY

25 CAPITOL STREET, ROOM 121

CONCORD, NH 03301

(603) 271-2621

FAX (603) 271-3922

TDD Access: Relay NH 1-800-735-2964

**STATE TREASURY ACH ENROLLMENT FORM  
FOR DIRECT DEPOSITS (ACH CREDITS)**

☐

NEW

☐

CHANGE

☐

DELETE

Company/Vendor

Name \_\_\_\_\_

(Hereinafter called "The Company")

Taxpayer Identification Number (TIN)

EIN/FIN \_\_\_\_\_

I (we) hereby authorize **The State of New Hampshire**, hereinafter called "The State", to initiate credit entries to my (our) ☐ Checking Account, ☐ Savings Account (**select one**) at the depository financial institution named below, hereinafter called "Depository", and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Account  
Number \_\_\_\_\_ Number \_\_\_\_\_

This authorization is to remain in full force and effect until The State has received written notification from The Company of its termination in such time and in such manner as to afford The State a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Please Print)

Authorized  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Handwritten Signature Required)

Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

**NOTE: WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**



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PLEASE PROVIDE AN EMAIL ADDRESS BELOW FOR WHERE YOU WOULD LIKE YOUR PAYMENT REMITTANCE SENT. YOU MAY PROVIDE MORE THAN ONE EMAIL ADDRESS – UP TO 60 CHARACTERS. IF POSSIBLE, PLEASE PROVIDE AN EMAIL ADDRESS THAT IS ACCESSED BY TWO OR MORE STAFF MEMBERS OR PROVIDE AN EMAIL GROUP DISTRIBUTION ADDRESS.

**EMAIL ADDRESS:** \_\_\_\_\_

**FOR CHANGES TO BANK ACCOUNT OR REMITTANCE INFORMATION:** SUBMIT THIS FORM AS A "CHANGE" AND INCLUDE COMPANY NAME, TAXPAYER ID AND ALL INFORMATION THAT IS CHANGING. PRINT, SIGN AND SUBMIT FORM TO THE STATE TREASURY.

**PLEASE ATTACH A COPY OF A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM AS PART OF THE AUTHORIZATION.**

**PLEASE RETURN YOUR COMPLETED FORMS BY MAIL OR BY FAX\*.**

Attn: Business Office  
NH State Treasury  
25 Capitol Street, Rm 121  
Concord, NH 03301

**OR** Fax to (603) 271-3922

**\*As a best practice and to protect your identity and financial information, please DO NOT email completed forms to the State Treasury. Email is not a secure transport for sensitive information and will no longer be accepted. To send completed form via a secure email portal, please contact us 271-1142.**

**INTERNAL USE ONLY**

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**VENDOR NUMBER**

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**VENDOR NAME**

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